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CONFIRMATION NO. 5508

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 10/670,453 | FILING OR 371(c) DATE 09/25/2003 RULE | CLASS 128 | GROUP ART UNIT 3743 | ATTORNEY DOCKET NO. END 5028 |
| APPLICANTS William T. Donofrio, Cincinnati, OH; | | | | |
| ** CONTINUING DATA ***** NONE ASC 8/7/06 | | | | |
| ** FOREIGN APPLICATIONS ***** NONE ASC 8/7/06 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/22/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Madhus 4/29</i> ASL Examiner's Signature Initials | | STATE OR COUNTRY OH | SHEETS DRAWING 31 | TOTAL CLAIMS 22 |
| | | | INDEPENDENT CLAIMS 3 | |
| ADDRESS 000027777 | | | | |
| TITLE Response testing for conscious sedation utilizing a cannula for support/response | | | | |
| FILING FEE RECEIVED 786 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |